

Social Activity Measure December 7th (Period Covered: November 30th – December 7th)

The Social Activity Measure (SAM) is a behavioural study that records the public response to the risk of COVID-19 infection and COVID-19 guidelines. Designed by the Economic and Social Research Institute's Behavioural Research Unit (BRU), SAM is an anonymous, interactive, online study that surveys people about their recent activity. The study examines where and how risks of COVID-19 transmission arise. SAM aims to inform policy regarding the opening of the economy and society, while keeping COVID-19 under control. The research is funded by the Department of the Taoiseach.

Method

SAM is a “prompted recall” study that uses methods from behavioural science to help people to recall their activities. It asks about times when people left their homes via factual neutral questions. Questions cover locations people visited and visitors to their home during the previous week. Follow-up questions gather greater detail about the previous two days: how many people participants met, for how long, ease of keeping a 2m distance, use of hand sanitiser and face masks, and so on. The survey concludes with questions about the pandemic more generally, including questions about future plans.

This report presents results from a nationally representative sample of 1,000 adults surveyed between November 30th and December 7th – the twenty-third round of the study. Data have been collected fortnightly since the week of January 25th. Recruitment is from existing online survey panels to match the socio-demographic profile of the adult population. A discussion of the accuracy of this method can be found in previous ESRI-BRU publications.¹ The survey is completely anonymous.

Main findings

Where differences are highlighted, they are statistically significant ($p < .05$) unless otherwise stated. Further detail is provided in accompanying slides, which are referenced here for ease of use. Data were collected after the WHO designated Omicron as a variant of concern. During data collection, cases had begun to stabilise (at high levels). New restrictions were announced, including midnight closure for hospitality venues, a return to working from home where possible, PCR tests for international travel and a recommendation for children 9-12 years old to wear masks in school.

1. *There has been a clear behavioural response to high case numbers*

Although we have no equivalent data from 2020 against which to compare, it is reasonable to assume that social activity typically increases during the month prior to Christmas. By contrast, this round of SAM recorded declines in multiple measures of social activity. There was a fall in the total number of locations people visited, both over the previous week and the day before completing the survey. Both declines were marginally statistically significant compared to mid-November (Slide 3). Fewer people used public transport and attended hospitality venues (excluding hotels) and events/gatherings the previous week, with a drop in public transport also the day before completing

¹ See Timmons et al. (2020), Public understanding and perceptions of the COVID-19 Test-and-Trace system, ESRI Survey and Statistical Report Series 96, pp.3-4. <http://www.esri.ie/system/files/publications/SUSTAT96.pdf>

the survey (Slides 4 and 5). However, there were increases in inter-county travel and travel to Northern Ireland (Slide 6) – both probably linked to Christmas shopping.

The proportion of people who had a close contact the previous day dropped to its lowest since June, although the comparison with the previous wave of SAM was not statistically significant. The average number of people met in the past 48 hours declined (Slide 7). Reductions in both measures were observed in all age groups (Slide 8). The decrease in close contacts occurred in most locations, except for in homes and outdoor locations (Slide 9). Homes continue to account for the largest share of close contact interactions and there has been no change in the proportion of people engaging in social visits compared to early November; the last round of SAM showed a drop in home visits for both social and non-social visits, but that has reversed in this round. (Slide 10).

Our index of total social activity remains marginally below October levels of activity and significantly below levels observed in September (Slide 11). The proportion of the population engaging in high levels of activity remains stable, suggesting changes in activity are mainly driven by “non-socialisers” (Slide 11). However, the behaviour of “socialisers” – those who are most socially active – has changed, with more of them since October taking precautions, such as wearing a mask or maintaining 2m distance (Slide 11). In general, more people reported taking precautions very often or always compared to early November, with fewer reporting that they rarely or never do (Slide 12). Unvaccinated individuals are more likely to report rarely or never taking precautions (Slide 13).

2. Evidence for people in most sectors returning to working from home

Following renewed advice to work from home where possible, the proportion of people who went to their place of work the day before completing the survey dropped to pre-September levels (Slide 14). The decline was observed in multiple sectors (Slide 14). While there have been non-significant increases in some mitigation measures at work (e.g. mask wearing, social distancing), roughly half of workers attending work report poor ventilation (Slide 15).

3. A majority expect further tightening of restrictions

Following the re-introduction of midnight closure for hospitality venues, fewer people reported that they find the Government’s response insufficient (to 36%), while there was a slight increase in those finding it too extreme (to 20%; Slide 16). The largest group (44%) judge the response to be appropriate (Slide 16). Almost 3 in 4 people expect restrictions to tighten at least a little in January (Slide 17) and a similar number believe restrictions should be based on case numbers rather than lifted entirely (Slide 18). Despite Christmas holidays approaching, the share of the population with definitive plans to socialise (e.g. to attend a family or work gathering) continues to fall (Slide 19).

4. Worry has stabilised at pre-summer levels

The rise in worry observed in recent rounds of SAM stalled alongside stabilising case numbers, the rollout of booster vaccines and the re-introduction of some restrictions (Slide 20). Overall worry remains significantly higher than October levels in all age groups (Slide 21). The pattern in responses to questions about the individual components of worry reveals two clusters of people. One group report being worried about all components, although less about the economy and more restrictions than catching COVID-19 themselves or the healthcare system. The other report being highly worried about the economy and restrictions to the exclusion of other worries (Slide 22). These two patterns relate to behaviour: the first “general worry” group tend to take precautions regularly or very often

and have lower levels of social activity, whereas the other “economy exclusive worry” group are the opposite (Slide 23). General worry has increased more sharply since October than economy exclusive worry (Slide 24).

5. *The majority are “supportive” of the cautious approach to pandemic, although proportion falling sharply among younger people*

Responses to most psychological variables remain stable, although there was an increase in perceptions that others are following guidelines (Slides 25-28). Following the re-introduction of some restrictions, perceived coherence of restrictions is at its lowest since SAM began (Slide 27). Responses to these variables show a broad pattern that reveals two clusters of people. For example, those who report that they follow public health guidance tend to find the restrictions coherent and judge preventing the spread of the virus to be more important than the burden of restrictions (Slide 29). Response patterns are strongly linked to behaviour. Those who are “supportive” of public health guidance and a more cautious approach take more precautions and socialise less than those who aren’t (Slide 30). They are also more likely to be vaccinated and more willing to take the booster vaccine (Slide 31). Importantly, most of the population can be classified as “supportive,” although the proportion has fallen since early 2021 (Slide 32). Under 40s show the sharpest decline, which has continued since September, whereas older groups remain relatively stable (Slide 32). Supportive responding is associated with better wellbeing, particularly among younger people (Slide 33).

6. *Other findings*

- Of people who visit cafés, restaurants and pubs, the proportion who choose to dine indoors has continued to rise since August (Slide 34). Aggregating across venues, a smaller proportion of those who dined indoors reported that their Covid Cert was not checked compared to October (19% vs. 32%), indicating a significant rise in compliance (Slide 34).
- There has been a small but significant rise in the proportion of people intending to take the booster vaccine compared to early October, up to 85% of the population (Slide 35).
- The proportion of parents who intend to allow their child under 12 to take a first dose has not changed since October. Approximately 35% of parents intend to do so while approximately 30% intend not to, with the remainder unsure (Slide 35).
- Parents believe their child(ren) are not very worried about COVID-19, giving a score at the midpoint of the scale, although the average rating has risen significantly compared to early November (Slide 36). Belief that their child could contract COVID-19 at school has continued to rise since the measure was introduced in SAM in early October, particularly among parents of primary school children. The majority are satisfied with their child’s school’s safety precautions, although one-in-three parents with a primary school child report being dissatisfied (Slide 36).
- One-in-eight people report having used an antigen test in the past week, most commonly if experiencing symptoms of COVID-19 (Slide 37). People who engage in high levels of social activity are more likely to report having used one (Slide 37). Future rounds will examine the breakdown of reasons for use by social activity.